



DEPARTMENT OF INSURANCE  
STATE OF ARIZONA

Financial Affairs Division - Compliance Section  
2910 North 44<sup>th</sup> Street, Suite 210  
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ANNUAL STATEMENT WORKSHEET FOR QUALIFIED REINSURER TRUST PURSUANT TO A.R.S. § 20-261.01(A)(4)  
OR  
QUALIFIED REINSURER BASED ON SURPLUS PURSUANT TO A.R.S. § 20-261.01(A)(3) and (6)  
DUE FEBRUARY 28

AZ I.D. #: \_\_\_\_\_ COMPANY: \_\_\_\_\_ DOMICILE: \_\_\_\_\_

ENTER THE CALENDAR YEAR FOR THIS ANNUAL STATEMENT WORKSHEET: \_\_\_\_\_

ENTER FINANCIAL STATEMENT FIGURES IN THE APPLICABLE TABLE BELOW

Trust Filing the Life & Disability (Blue) Statement			
	Enter Statement Figures Here ↓ ↓ ↓		Enter Statement Figures Here ↓ ↓ ↓
Assets: (Page 2, Line 26, Col. 3)		Reinsurance Assumed Life Premiums: (Page 62, Line 96, Col. 2)	
Liabilities: (Page 3, Line 28, Col. 1)		Reinsurance Assumed Annuity Considerations: (Page 62, Line 96, Col. 3)	
Common Capital: (Page 3, Line 29, Col. 1)		Reinsurance Assumed A & H Premiums: (Page 62, Line 96, Col. 4)	
Preferred Capital: (Page 3, Line 30, Col. 1)		Reinsurance Assumed Deposit Type Funds: (Page 62, Line 96, Col. 5)	
Surplus: (Page 3, Line 37, Col. 1)		Reinsurance Assumed Other Considerations: (Page 62, Line 96, Col. 6)	

Trust Filing the Property & Casualty (Yellow) Statement	
	Enter Statement Figures Here ↓ ↓ ↓
Assets: (Page 2, Line 26, Col. 3)	
Liabilities: (Page 3, Line 26, Col. 1)	
Policyholders Surplus: (Page 3, Line 35, Col. 1)	
Reinsurance Assumed Affiliates: (Page 8, Line 34, Col. 2)	
Reinsurance Assumed Non-Affiliates: (Page 8, Line 34, Col. 3)	

Initial if  
Enclosed  
↓ ↓ ↓

Initial at left if items are completed and enclosed with the Annual Statement

Agency  
Use Only  
↓ ↓ ↓

- \_\_\_\_\_ A. Annual Statement – 8-1/2" X 14" (NAIC APPLICABLE COLOR JACKET, SECURELY BOUND in two-sided book form)  
**MUST INCLUDE TO BE COMPLETE:**
- \_\_\_\_\_ 1. Jurat Page .....
- \_\_\_\_\_ a. Two Authorized Notarized Signatures .....   
(SIGNERS NAMES **MUST** BE LISTED ON THE JURAT PAGE)
- \_\_\_\_\_ 2. Actuarial Opinion ..... \_\_\_\_\_
- THE FOLLOWING REPORTS MUST BE ATTACHED TO THIS WORKSHEET:**
- \_\_\_\_\_ B. Trust Statements ..... \_\_\_\_\_
- \_\_\_\_\_ C. WHEN AVAILABLE, Audited Financial Report with Transmittal Form E-AFR attached (Due June 1) .....

**PREPARED BY:**

Name & Title

Collect or Toll Free Phone Number

E-MAIL ADDRESS: \_\_\_\_\_